

**COLORADO OPEN RECORDS ACT (CORA)
REQUEST FOR OPEN RECORDS OF THE
HIGHLAND RESCUE TEAM AMBULANCE DISTRICT**

Person Requesting Records:

Name: _____

Address: _____

Phone: _____ Email: _____

Itemize each document or piece of information being requested. Be specific as to Document Title, Dates and District personnel and/or other persons involved in the requested documents and communications.

- 1.
- 2.
- 3.
- 4.
- 5.

Fees Charged for Documents Request:

For the research, location, and retrieval of documents, there will be a \$30.00 per hour charge, with the first hour at no charge.

Copies in standard size and format will be charged at the rate of \$.25 per page. Copies for a format other than a standard page (such as photographs, large maps, printouts) will be charged at the actual cost of production.

Please indicate how you would like transmission of the requested records:

___ inspect only. The Custodian of Records will contact you to set a time and place during normal office hours and the place for the requested records to be inspected

___ Transmitted via: ___ U.S. Priority Mail ___ email

You will be contacted with a cost estimate of your request. Please allow 3 business days for a response. YOUR REQUEST SHALL NOT BE CONSIDERED RECEIVED UNTIL BOTH FORM AND DEPOSIT (estimate) HAVE BEEN SUBMITTED. If further time/cost is required, you will be contacted prior to the work being completed.

For Custodian use only:

A DEPOSIT IN THE AMOUNT OF \$ _____ FOR THE ABOVE CHARGES SHALL ACCOMPANY THIS FORM.

Request (completed form and deposit) received: _____

Requestor notified: documents ready for inspection/transmission: _____

Requester notified on _____ that deadline for inspection/transmission is extended to: _____